



CACFP and SFSP Enrollment Form

Our Team Nutrition Program Leader is:

First Name _____ Last Name _____

Title _____ Program Name _____

Program Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

E-mail address _____

We agree to:

- Support USDA's Team Nutrition mission and principles.
- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans.
- Designate a Team Nutrition Program Leader who will establish a team.
- Distribute Team Nutrition materials to teachers, students, and parents as appropriate.
- Involve teachers, students, parents, food service personnel, and the community in interactive nutrition education activities.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other Team Nutrition Programs.

We certify our Nutrition Program does not have any outstanding over claims or significant program violations in our meal program.

(Print) Program Director/Administrator

(Print) Food Service Manager

Signature

Signature

Date

Date

**Return form to: Patti Delger or Carrie Scheidel, Team Nutrition Co-Project Directors,
Bureau of Nutrition, Health and Transportation Services, Grimes State Office Building, 400 East
14th St., Des Moines, IA 50319-0146 or Fax 515-281-6548 or email patti.delger@iowa.gov or
phone 515-281-5676; carrie.scheidel@iowa.gov or 515-281-4758**